SEE

EXTENDED TO NOVEMBER 16, 2020

Form 990 (Rev. January 2020) Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public

Depart	Terent of	the Treasury ue Service	Go to www.irs.gov	/Form990 for i	nstructions an	d the lates	Lintormation.	1411	Inspection
A F	or the	2019 cálend	ar year, or tax year beginning		and	énding			
-	plicable	REHA	forganization ABILITATION FOR WIS	CONSIN			D Employer	identificatio	n number
	Addres		CTION, INC.				1		
	Name change	Dóing-b	usinéss, as				7 27-3	510644	
	i ethiù Iuliaj	Number	and street (or P.O. box if mail is not do	livered to street a	ddress)	Room/suite	E Telephone		
	ifinal return	16 N	. CARROLL STREET		-	300	(608) 661-	2913
	ejeq Rightin-	City or t	town, state or province, country, and	ŽIP or foreign	postal code		G Gross receip	s.S.	0.
	Amend	14407	SON, WI 53703		·		H(a) is this a	group return	
Ļ	Applica pending		and address of principal officer:LIS AS C ABOVE	A DAVID	son T	90	for subo	rdinates? odnates instale	Yes X No
		mpt status: l	501(c)(3) X 501(c) (6	(insert no.)	4947(a)(1)	527	f "No,"	attach a list.	(see instructions)
		e:►N/A				, , , , , , , , , , , , , , , , , , ,	H(o) Group e		
				ssociation	Other -	L Year	of formation: 2	010 M Sta	te of legal domicite: WI
Pa		Summary		·					
ရု	1 [Briefly descri	be the organization's mission or mos	t significarit ac	tivities: REHA	BILIT	ATION FO	R WISC	ONSIN IN
둞	-		, INC. (RFWIA) IS 2						
Activities & Governance			ox 🕨 🔲 if the organization disc			sed of mor	e than 25% of	, ,	
è			oting members of the governing body			• ••••		. 3	
18	4 1	Vumber of In	dependent voting members of the go	veming bödy (Part VI, line 1b)	1	المراجعة المحاجمة المراجعة	·-, 4	<u>5</u> 0
₹	6	Fotal number	of individuals employed in calendar	year 2019 (Par	t V; line 2a) .,,,			5	0
Š			of volunteers (estimate if necessary					, 6	<u> </u>
Ş.	7'a	i otal unrelate	ed business revenue from Part VIII, c	olumn (C), line	12	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0.
	•	Net unrelated	ed business revenue from Part VIII, c I business taxable income from Form	1990-i, line au	THE T	-117/1-17	Prior Yea	7b	
.	0: 1	Candilla idla ni	haridamaka Mark VIII. Ilina 41-2	i		-, , , ,	Prior Yea	0.	Current Year
Revonue	. 8' (. 9 (Contributions December con	s and grants (Part VIII, line 1h)		oh	~~~ <u></u>		0.1	0.
Š			ice rëvenue (Part VIII, line 2g) ncome (Part VIII, column (A), lines 3,	4 7-0	\$} Đ€.∓ · 0)·6 ·20 20	131	0.	 0.
2			e (Part VIII, column (A), lines 5, 6d, 8				100	0.1	<u>ŏ</u> :
			e - add lines 8 through 11 (must equa					Q.	0.
	13	Grants and s	imilar amounts, paid (Part IX, column	(A) lines 1-3	THE PASSING LIZE	_ <u> </u>	· -	0.	0
	14	Benefits paid	I to or for members (Part IX, column	(A), fine 4)		· }-		0.1	0.
s	15	Salaries, othe	er compensation, employee benefits	(Part IX, colum	n (A), lines 5-10)	· ·····		0.	0.
Expenses	16a	Professional	fundraising fees (Part IX, column (A)	line 11e)				0.	0.
	ь	Total fundrals	sing expenses (Part IX, column (D), li	ne 25) 🗡	, ; . ,	ö.			
ш	17	Other expens	ses (Part IX, celumn (A), lines 11a-11	d, 11f-24e)				0.	0.
	18	Total expens	es. Add lines 13-17 (must equal Part	(X, column (A),	line 25)			0.	0.
	19	Revenue less	s expenses. Subtract life 18 from line	9 12		<u></u>		0.	Q.
P S							eginning of Curi	ent Year	End of Year
Net Assels Fund Balance	20			,	***** ** 1 171175 **			0.	Q.
\$50°	21		s (Part X, line 26)					0.	0.
			r fund balances. Subtract line 21 from	n line 20				0 4	0 k
		Signatu			<u> </u>				
			, 1 declare that I have examined this relu-						owledge and belief, it is
true,	cerrec	t, and complet	e Declaration of prepared (other than attl	cst) is pased on a	all information of v	which prepan	er bas any knowl	oge, /	
		Hennig	rte of officer	ulybe			Date	1/12/	20
Sign		1 7 7	A DAVIDSON, CURREN	T CTO	,		Usig		
Her	е		print name and title.	r CEO					
				To			Date.	la.a. /	PTN.
Paid		1	sparer's name of Hicks CDA CVP	Preparer's sign			_/_/_	Great L	P00011200
	i Datei	Firm's hame	W. HICKS, CPA, CFF	PES CDAS		<u>'</u> -		Pull-employed	
`	Only	Firm's addres	HICKS & ASSOCIA				1 - 1	SEIN 45	-3047226
(noa	одиу	Luintzianotes	LEXINGTON, KY 4		0244		1) 368-9727
15.	. 4h ÷ 11	Dè diacres M					rae	16 11st (0 3/2	1 40
ivial	une II		his return with the preparer shown at	ine cos insti	ructions)			5 4	Yes No

SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2019) IN ACTION, INC.		27-35106	44 Page 2
Par	till. Statement of Program Service Accomp	lishments		
	Check if Schedule O contains a response or note to	any line in this Part III		<u> X</u>
1	Briefly describe the organization's mission:	<u></u>		
	REHABILITATION FOR WISCONSIN	IN ACTION, IN	C. (RFWIA) IS A PRIVAT	E,
	STATEWIDE, NOT-FOR-PROFIT MEM	BERSHIP ASSOC	IATION WHICH REPRESENT	'S THE
	INTEREST OF COMMUNITY REHABIL	ITATION PROGR	AMS THAT PROVIDE CARE	
	MANAGEMENT, CENTER-BASED AND	SUPPORTED EMP	LOYMENT, DAY HABILITAT	'ION'
2	Did the organization undertake any significant program ser	vices during the year which	h were not listed on the	
	•]Yes ██ No
	If "Yes," describe these new services on Schedule O.	, ,		
3	Did the organization cease conducting, or make significant	t changes in how it conduc	ts any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	t changes in now it conduc	any program sorvices :	
	Describe the organization's program service accomplishm	anta for each of the three le	react program condess, as magazired by av	202000
4				
	Section 501(c)(3) and 501(c)(4) organizations are required	to report the amount of gra	ints and allocations to others, the total expe	inses, and
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			<u></u>	
				
				
		-		
				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
				
		······		
			·	
			······································	······································
				
_				
4c	(Code:) (Expanses \$	Including grants of \$) (Revenue \$,
				
				
				
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses			
				Form 990 (2019)

Form 990 (2019)'

Part V Checklist of Required Schedules

27-3510644 Page 3

			Yes	No
٦	Is the organization described in section 501(a)(3) or 4947(a)(1) (other than a private foundation)?	,	,	
•	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part i	3		LX_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
8	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		٠.,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	14 7943	(F)
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		港	
	as applicable.	1.25.E	300	6.25.
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-		x
	Part VI	11a	 	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	 	\vdash	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	 ```	 	
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
A	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	 		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	L	X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Ĺ	Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ľ		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	 	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			١.,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,	ا		l v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			x
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	\vdash	┢
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4^		x
00	complete Schedule G, Part III	19	 	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	\vdash	
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	-	
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Form 980 (2019)' IN ACTION, INC.

[Part V | Checklist of Required Schedules (continued)

25 444				· · · ·
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
2.2	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ł		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	İ		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	—	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	 	İ	
	any tax-exempt bonds?	24c	<u> </u>	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
.	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	238		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		1
	OIL FILE DIAL	25b		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	-		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		1
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		25.50	20 To
	instructions, for applicable filing thresholds, conditions, and exceptions):	臺灣	觀	建 原
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			ļ
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	ļ	X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	1		l
	"Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Ь—	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ļ	
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		}	x
22	Schedule N, Part II	32	├	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	133	╁─	1
54	Para 14 Barr d	34	х	ł
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
J.	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pa				
	Check if Schedule O contains a response or note to any line in this Part V		; ; ; ; .	<u> </u>
		12867280	Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	代記録	30	-0-20-0-4 -0-20-0-4 -0-20-0-4
b	The state of the s	1.45		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	爱娜	1.50	200
93300	(gambling) winnings to prize winners?	1c	gan	(2019)
OVECULA	T II ITANIAN	1 (3) 11		IEU IS

Form 990 (2019)'
IN ACTION, INC.
Rant V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	200	经的	955/55755 f=505 =
	filed for the calendar year ending with or within the year covered by this return		認起	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	源電	統	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	'		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See Instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	325		13.47
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				v
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۱		ĺ
	were not tax deductible?	6b	632435	8-8-608
7	Organizations that may receive deductible contributions under section 170(c).	理解	27.T.33	公司的公司
a	Did the organization receive a payment in excess of \$75 made partty as a contribution and partly for goods and services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		
4		7c	47.55	75.13
e	If "Yes," Indicate the number of Forms 8282 filed during the year	7e	Big gra	2 13571.04 K
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	-	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		\vdash
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	l	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	變響	19.25	18.5
	sponsoring organization have excess business holdings at any time during the year?	8	''''	· ` ′
9	Sponsoring organizations maintaining donor advised funds.	建设		427
8	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		逐	
а	Initiation fees and capital contributions included on Part VIII, line 12	多		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1.3
11	Section 501(c)(12) organizations. Enter:	经到		
a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against			100
	amounts due or received from them.)	1523	7 7 7 E	经温
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	0001.20	937.2.4
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		魏	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-	建分配	11.250
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	9 5850)	388 3.3
_	Note: See the instructions for additional information the organization must report on Schedule O.	透		1000
U	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		變影	10.00
С	Enter the amount of reserves on hand 13c			建筑
14a	Did the expendentian yearly any may make for indeed to place to place devices devices the tax years.	14a	2,500,00	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	 	┌╌
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<u> </u>		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	劉隆		1988
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	治認	變經	地經濟
		Form	000	(2010)

IN ACTION, INC.

27-3510644

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b		数据	636.2
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		變態	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	陰襲		¥ 5.
а	The governing body?	88	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	-		}
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1		
	in Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	L
15	Did the process for determining compensation of the following persons include a review and approval by independent	魏		續過
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		緊緩	1300
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see Instructions).	震觀		變強
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		14.25 mg	100 m
	texable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	逐	1888	SE
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	33.88		360
	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►WI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website W Upon request Other (explain on Schedule O)			
19	Describe on Schedule Q whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► FSA MANAGEMENT GROUP - (502) 574-9030			
	326 E. MAIN STREET, LOUISVILLE, KY 40202			
93200	3 01-20-20	Form	990	(2019)

Cittle COO (E							
Part VII	Compensation of	of Officers,	Directors,	Trustees,	Key Employ	ees, Highest	Compensated
	Employees, and	Independe	nt Contra	ctors			

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (F) **Position** Name and title Reportable Reportable **Estimated** Average (do not check more than one box, unless person is both an officer and a director/trustee) compensation hours per compensation amount of week from from related other (list any the organizations compensation organization (W-2/1099-MISC) hours for from the adividual trustee or (W-2/1099-MISC) related organization settutional truster organizations and related helow organizations 曼 line) (1) ELIZABETH FILTER 0.01 X PRESTDENT 0. 0. 0. (2) DONNA RBINERIO 0.01 VICE PRESIDENT X 0. 0. ٥. (3) JOB WACEK 0.01 X 0 0 SECRETARY/TREASURER ٥. (4) STEVE MCCARTHY 0.01 DIRECTOR X X 0 0 0. (5) JOHN BLOOR 0.01 DIRECTOR 0. 0. 0. (6) JEFF KAPHENGST 0.01 X INTERIM CEO 0. 0 0.

Form 990 (2019)

Fartavill Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ghe	<u>șt C</u>	ompensated Employe	es (continuea)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per	(do	not c	heck	nore	than	one	Reportable	Reportable		Estimated	
	week					is bol		compensation from	compensation from related	1	amount of other	i
	(list any	ā			Π			the	organizations		compensati	on
	hours for	E E				圍		organization	(W-2/1099-MISC	»	from the	
	related organizations	15	器		١.	Bella	ŀ	(W-2/1099-MISC)		ı	organizatio	
	below	Individual trustee or director	goug	L	ag B		_				and related organization	
	line)	Individ	satsnat brustee	Officer	Кеу етрауев	Highest compensated employee	Forme				U G G G G G G G G G G G G G G G G G G G	
		}						1	•			
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		1	_	<u> </u>	ļ	<u> </u>	_			4		
		1								ŀ		
1b Subtotal		<u></u>	<u></u>					0.		0.		0.
c Total from continuation sheets to Part								0.		0.		0.
d Total (add lines 1b and 1c)								0.		0.	L <u></u>	0
2 Total number of Individuals (including but compensation from the organization	not limited to the	hose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportable			(
demper dealers wern the erganization							-					No
3 Dld the organization list any former office			key	emp	loye	ю, о	r hig	hest compensated emp	oloyee on	ļ	(蒙) 重数	X
line 1a? If "Yes," complete Schedule J for												
4 For any individual listed on line 1a, is the and related organizations greater than \$1											建設	X X
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes," co											5	X
Section B. Independent Contractors												
1 Complete this table for your five highest of	•								-	ens	ation from	
the organization. Report compensation for	r the calendary	/ear	end	ing (with	OF W	rithir T		year.		(0)	
(A) Name and busines	s address	NO	ON	2			ŀ	(B) Description of a	services	С	(C) compensation	

							\dashv					
	·						_	·				
	·							······································				
2 Total number of Independent contractors	•	not ii	mite	d to		_	stec	i above) who received r	nore than			
\$100,000 of compensation from the organ	nization					0				15.15		12,4
											Form 990 (20	J19

Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Related or exempt Unrelated Revenuè éxcluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues 16 c Fundralsing events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f **Business Code** Program Service Revenue All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 B Gross rents b Less: rental expenses 6b c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, Ilne 18 b Less: direct expenses 8b c Net income or (loss) from fundralsing events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns |10a and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** d Ali other revenue e Total. Add lines 11a-11d Total revenue. See instructions 0. 12 Form 990 (2019) 832009 01-20-20

	TEX Statement of Functional Expens	ses			SIVOII Page 10					
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic				不是他的意思					
	Individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign	1								
	individuals. See Part IV, lines 15 and 16				25000000000000000000000000000000000000					
4	Benefits pald to or for members			经保护的人的	性對領色基础逐渐					
5	Compensation of current officers, directors,									
	trustees, and key employees			<u>l</u>						
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and	•								
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (nonemployees):									
а	Management									
b										
C	Accounting									
d										
е	Professional fundraising services. See Part IV, line 17		经验的证据的证据	選手は、北京学院の研究						
f	Investment management fees		1							
9					-					
	column (A) amount, list line 11g expenses on Sch O.)									
12	Advertising and promotion									
13	Office expenses									
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses				· · · · · · · · · · · · · · · · · · ·					
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affillates									
22	Depreciation, depletion, and amortization									
23	Insurance									
24	Other expenses, Itemize expenses not covered	国工业企业	的是是過過過去激	经验证证金额	品等的表示。 类性态 经					
	above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
а										
ь										
c										
d										
в	All other expenses			···						
25	Total functional expenses. Add lines 1 through 24e	0.								
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									

27-3510644 Page 11

		Check if Schedule O contains a response or note to any line in this Part X	(A)	,,,,,,	(B)
			Beginning of year		End of year
- 1	1	Cash - non-interest-bearing		-	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3_	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,	是自己的主义的	建	
		trustee, key employee, creator or founder, substantial contributor, or 35%	等。我们是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		
- 1		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined	等。但是是是是是是一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一		高等的基本的基础
1		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
۱ ۲	9	Prepaid expenses and deferred charges		9	
- 1	10a	Land, buildings, and equipment: cost or other		變	
ľ		basis. Complete Part VI of Schedule D			
- 1	ь	Less: accumulated depreciation 10b	<u> </u>	10c	
- 1	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	<u> </u>
ı	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
- 1	15	Other assets. See Part IV, line 11	<u></u>	15	1
	16	Total assets. Add lines 1 through 15 (must equal line 33)	0.	16	X 0
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
- [20	Tax-exempt bond liabilities		20	
١	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
₽		trustee, key employee, creator or founder, substantial contributor, or 35%		4	计划程序设置程序
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties	· · · · · · · · · · · · · · · · · · ·	23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	,		
- 1		parties, and other liabilities not included on lines 17-24). Complete Part X			
- 1		of Schedule D		25	<u> </u>
	26	Total flabilities. Add lines 17 through 25	0.	26	0
ا ري		Organizations that follow FASB ASC 858, check here		變為	
월		and complete lines 27, 28, 32, and 33.	2.6.2.6.6.4.4.4.4.4.4.6.6.2.2.2.2.2.2.2.	经验	THE PROPERTY OF THE PARTY OF TH
<u>5</u>	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions	915Y. A S 4441 = 185 26426 5536	28	9 5 4 5
ş۱		Organizations that do not follow FASB ASC 958, check here			
5		and complete lines 29 through 33.		<u> 1345</u>	
ğ	29	Capital stock or trust principal, or current funds		29	
7	30	Pald-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
ž	32	Total net assets or fund balances	0.		0
	33	Total liabilities and net assets/fund balances	0.	33	10

Form 990 (2019)

Form	990 (2019) IN ACTION, INC.	27-351	0644	Pag	₁₀ 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		ŀ			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10			
Pa	rtXIII Financial Statements and Reporting				_
	Check If Schedule O contains a response or note to any line in this Part XII	·····			<u></u> _
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Cother				100
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	1888		變變
2a	Were the organization's financial statements complied or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ion a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			認
	consolidated basis, or both:		美姜		泛影
	Separate basis Consolidated basis Both consolidated and separate basis		多多		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	iedule O.	獨類		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit	1 1		
	Act and OMB Circular A-133?		За		X_
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		ЗЪ		
			Form	990	(2019)

SCHEDULE O

internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide Information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional Information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

PRIMARIANT TRANSITION FOR WISCONSTINERS.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

REHABILITATION FOR WISCONSIN

Employer identification number

IN ACTION, INC.	27-3510644
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
MEMBERSHIP ASSOCIATION WHICH REPRESENTS THE INTERESTS OF	COMMUNITY
REHABILITATION PROGRAMS THAT PROVIDE CARE MANAGEMENT, CE	NTER-BASED AND
SUPPORTED EMPLOYMENT, DAY HABILITATION, EARLY INTERVENTI	ON, JOB
TRAINING, RESIDENTIAL AND OTHER SERVICES THAT ENABLE PEO	PLE WITH
DISABILITIES AND ECONOMIC DISADVANTAGES TO LIVE AND WORK	IN THEIR LOCAL
COMMUNITIES.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION	MISSION:
EARLY INTERVENTION, JOB TRAINING, RESIDENTIAL AND OTHER	SERVICES THAT
ENABLE PEOPLE WITH DISABILITIES AND ECONOMIC DISADVANTAGE	SES TO LIVE AND
WORK IN THEIR LOCAL COMMUNITIES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE FORM 990 WILL BE REVIEWED BY THE BOARD OF	DIRECTORS BEFORE IT
IS SUBMITTED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
AN ANNUAL QUESTIONNAIRE IS REQUIRED TO BE COMPLETED BY E	ACH OFFICER AND
DIRECTOR.	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR THE REVIEW OF	THE CEO AND THE
DETERMINATION OF HIS COMPENSATION BASED ON COMPARABLE SA	LLARY DATA.

FORM 990, PART VI, SECTION C, LINE 19:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization REHABILITATION FOR WISCONSIN IN ACTION, INC. THE INFORMATION WILL BE MADE AVAILABLE UPON REQUEST.	Employer identification numbe 27-3510644
	27-3510644
	2, 0000
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Open to Public

1

OMB No 1545-0047

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Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Go to www.irs.gov/Form990 for instructions and the latest information. REHABILITATION FOR WISCONSIN

िह्योतीहर्ज Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

IN ACTION, INC.

Employer identification number 27-3510644

Section (Mark)						
(a) Name, address, and EIN (f applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) r Total income	(e) End-of-year assets		(f) Direct controlling entity
	-					
				·		
Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	ecause it had one	or more related tax-exe	mpt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(1) Direct controlling entity	(g) Section 512tb (13) controlled entity?
				501(c)(3))		Yes No
DISABILITY SERVICE PROVIDER NETWORK, INC 23-7046390, 16 N. CARROLL STREET, STE 300, MADISON, WF 53703	SUPPORT OF COMMUNITY REHABILITATION PROGRAMS	MISCONSIN	РОВЬІС СНАВІТУ	LINE 9		×
	-					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2019	Form 990) 2

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Page 2

Schedule R (Form 990) 2019 IN ACTION, INC. | 27-3510644

Schedule R (Form 990) 2019 IN ACTION, INC. | 27-3510644

September 1 to organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related

संस्कृतकार organizations treated as a partnership during the tax year.	rtnership during the t	ax year.			1					•	ļ	
(a)	(q)	ව	9			£	(6)	Ξ	<u>e</u>	_	3	Z
Name, address, and EN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity		Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Ulspropo allocati Ves	ntionate Code V-UBI amount in box 20 of Schedule No K-1 (Form 1065)	V-UBI	General or managing partne?	General or Percentage managing ownership parner?
		_										
				: 								
		_			1			+		1	+	
					- 1							
					· · ·							
								l	-		F	
					• •							
		_				•						
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ganizations Taxable irporation or trust duri	as a Corporting the tax	oration or Trust C year.	omplete if th	ne organization	answered "Yes	s* on Form 99(), Part IV, lir	e 34, because	e it had on	e or mo	re related
(a)		-	9	0	9	(e)	-	ε	(6)		ε	ε
Name, address, and EIN	Z	Pain	ctivity	Legal domicile	Direct			Share of total	Share of		Percentage	512(b)(13)
of related organization	<u> </u>			foreign foreign		(Coorp, Scorp, or trust)		emooni	end-of-year assets		diusia	3
		-		country)			+			+		Yes
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932162 09-10-19		-		ΤP					(A)	chedule F	R (Form	Schedule R (Farm 990) 2019
		-										

Page 3

27-3510644

INC. IN ACTION,

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 Xes E Method of determining amount involved 4 2 2 두 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Farty Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Amount involved Lease of facilities, equipment, or other assets from related organization(s) į Transaction type (a-s) æ Performance of services or membership or fundraising solicitations by related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Sharing of facilities, equipment, malling lists, or other assets with related organization(s) : Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity : : : :::: Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) Reimbursement paid by related organization(s) for expenses.... Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid to related organization(s) for expenses Gift, grant, or capital contribution to related organization(s) Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a) Name of related organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) 992163 09-10-19 7 Ξ (2) 3 ₹: ত্র 9

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REHABILITATION FOR WISCONSIN

Schedule R (Form 990) 2019 IN ACTION, INC.

Partivi Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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	(a)	<u>.</u>	ey (a)			(S)	<u> </u>	(a) (b) (b) (c)	3	(v)
Name, address, and EIN of entity	Frimary activity	Legal domicile (state or foreign	(related, unrelated, 501(c)(3)	Share of	5 2	Share or end-of-year	tonate	amount in box 20 managing ownership	managin	ownership
		country)	sections 512-514) Yes No		пе	assets	Yes No	(Form 1065)	Yes No	
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REHABILITATION FOR WISCONSIN 27-3510644 Page 5 Schedule R (Form 990) 2019 IN A Part VII Supplemental Information IN ACTION, INC. Provide additional information for responses to questions on Schedule R. See instructions.